



RECORDS REVIEW REQUEST

Instructions: This request form must be completed by any owner desiring to inspect or receive copies of any Association books of account, meeting minutes, membership roster, or other Association documents. A minimum of ten business days is needed to process a request. If there is a question with any request, the owner will be notified within a reasonable amount of time of the reason for any delay. The Association requires that the owner provide the reason for each record requested and the intended purpose of the request to protect the Association and personal confidences where necessary. The Association's goal and intent is to allow inspection of most Association documents. However, given the personal and legal nature of some documents, the Association must place reasonable restrictions on the inspection process. This includes a requirement that any inspection take place in the presence of an Association representative. Inspections of the Association's records shall take place during normal business hours at a place designated by the management company.

Copying charges are \$.15 per page. In addition, the owner must pay a minimum clerical fee of \$50 per hour in quarter hour increments for staff time to gather and copy the requested documents. The actual cost of all mailing charges will also be the owner's responsibility. To preserve the sanctity of the records, a physical records inspection requires the presence of a staff member. You, the owner, agree to pay \$100 per hour in quarter hour increments for staff attendance at the records inspection. All inspection, copying, and mailing charges will be assessed to the home owner's account and/or paid in advance, as the Board shall determine.

This form must be completed in full, signed, and dated in order to process the request.

Owner's Name: _____

Address: _____ Phone Number(s): _____

Record Requested	Reason and Purpose of Request
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Preferred inspection dates and time: _____

Do you anticipate making copies of any records to be inspected? ____ Yes/ ____ No

If you prefer receipt of copies of the records listed above via regular U.S. Mail to an actual inspection, please check here: _____



Requests for mailed copies of records will be filled within ten business days of receipt. The charges listed in the instructions will be assessed to your account.

I hereby agree not to use or distribute any information or documents obtained from the inspection or copying of any Association records for any reason or purpose other than as stated above. I agree to indemnify, defend, and hold the Association, its board members, officers, and its managing agent, and their respective successors, heirs, and assigns, harmless for any claim made or damage sustained by any person arising from, related to, or concerning my inspection, use, or receipt of copies of Association records. I further consent and agree that all inspection and copying charges incurred pursuant to this request, as outlined above, will be assessed to my account or paid in advance, as directed by the Board.

Owner Signature

Date